



HEALTH DEVELOPMENT INITIATIVE

ANNUAL REPORT 2021



MESSAGE FROM THE EXECUTIVE DIRECTOR

It is with great pride that I present the Health Development Initiative 2021 Annual Report on behalf of HDI Board of Directors, Management Team, and staff. 2021 was a year of growth and the start of healing for communities most impacted by Covid-19. As we began to feel a sense of normalcy returning, HDI stove not to forget the lessons learned during this tumultuous time. The pandemic offered an opportunity to review HDI's approaches, identify new areas of intervention, and assess our progress towards our strategic objectives.

The Covid-19 pandemic upended lives and health systems - causing fundamental changes that were not anticipated when the plan was developed. The pandemic and its response exacerbated existing inequities and made many of the vulnerable populations that HDI serves (e.g., adolescents, sex workers, people living with HIV, LGBTIQ+ people, refugees) even more vulnerable. Their sexual and reproductive health and rights were undermined by interruptions to treatment and health services, and limited access to SRH information and prevention commodities (e.g., condoms, lubricants, contraceptives, ARVs). They were further disadvantaged by increasing economic instability, loss of income and education opportunities, and increased rates

of violence against women and children. As a result, some of the recent gains in advancing SRHR have come undone, particularly for young people and vulnerable populations. Now more than ever, HDI's work remains critical to the realization of the highest attainable quality of health and well-being.

Health Development Initiative is made strong through its passionate and dedicated staff who strive to serve vulnerable communities both through HDI and through their own initiatives. I would like to personally thank each and every staff member who work tirelessly to achieve a more healthy and inclusive society for all.

Finally, on behalf of HDI, its staff, its management team, and its Board of Directors, I would like to express my deep appreciation for all of our partners and donors who contribute to the success of our objectives. I believe that our shared sense of duty to the most vulnerable in Rwanda will ultimately lead to a more inclusive and less discriminatory world. This shared sense of duty has united our organizations and we hope to continue our partnership long into the future.

Dr. Aflodis Kagaba
Executive Director

ABOUT HDI

HDI (Health Development Initiative) is a non-governmental, non-profit organization based in Kigali and registered with the Rwandan government. HDI strives to improve both the quality and accessibility of healthcare for all Rwandans. A dedicated group of Rwandan physicians with vast experience in the health sector founded HDI in 2005. This group was united by a shared commitment to advance health and inclusive development for disadvantaged communities.

HDI believes that health outcomes can be improved by putting in place laws, policies and programs that are responsive to the needs of those who are poor and vulnerable, such as women and children, historically marginalized communities, people living with HIV/AIDS, young people and other marginalized populations. HDI advocates for friendly health related policies and builds the capacity of both duty bearers and right holders with tools and knowledge to advance the health and rights of their communities so that all Rwandans may lead healthy lives, free from preventable disease and premature mortality.





VISION

A society in which everyone has the opportunity to enjoy the highest attainable standard of health and well-being, regardless of social, cultural, economic or any other status.



MISSION

To empower individuals, communities, and institutions to improve community health and development in Rwanda. Using a rights-based approach, HDI builds sustainable alliances to advocate for and support inclusive, health-friendly policies and services for everyone regardless of social, cultural, economic or any other status.

AREAS OF INTERVENTION

SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

HDI empowers communities to lead healthier lives by providing stigma-free access to comprehensive sexual and reproductive health information and services.

COMMUNITY HEALTH & DEVELOPMENT:

HDI provides communities with support, training, and health education, empowering them to prevent and treat illness, with an emphasis on infectious disease prevention, nutrition, and hygiene and sanitation.

HUMAN RIGHTS AND THE RIGHT TO HEALTH:

HDI works with government institutions, policy makers, CSOs, communities, and to advocate for and promote health friendly policies and strengthen accountability.

OUR VALUES:

Equality: HDI promotes and advocates for the human rights of all persons using a rights-based approach.

Accountability: HDI is accountable to the communities it serves, its donors, and stakeholders for resources that come into its possession.

Partnership: HDI believes in building nurturing partnerships for efficient, effective, and collaborative service to Rwandan communities.

Transparency: HDI's primary responsibility is to stakeholder voices respected.

Sustainability: HDI believes that communities and partners should be left stronger and more resourceful after its interventions are complete.

Equity: HDI strives to ensure that everyone has a fair opportunity to achieve their full health potential regardless of any consideration.

WHO WE SEEK TO SERVE:



Women and girls



Adolescents and young people



People living with HIV/AIDS



LGBTI persons



Female and male sex workers



People with disabilities



Substance users and addicted Individual

2021

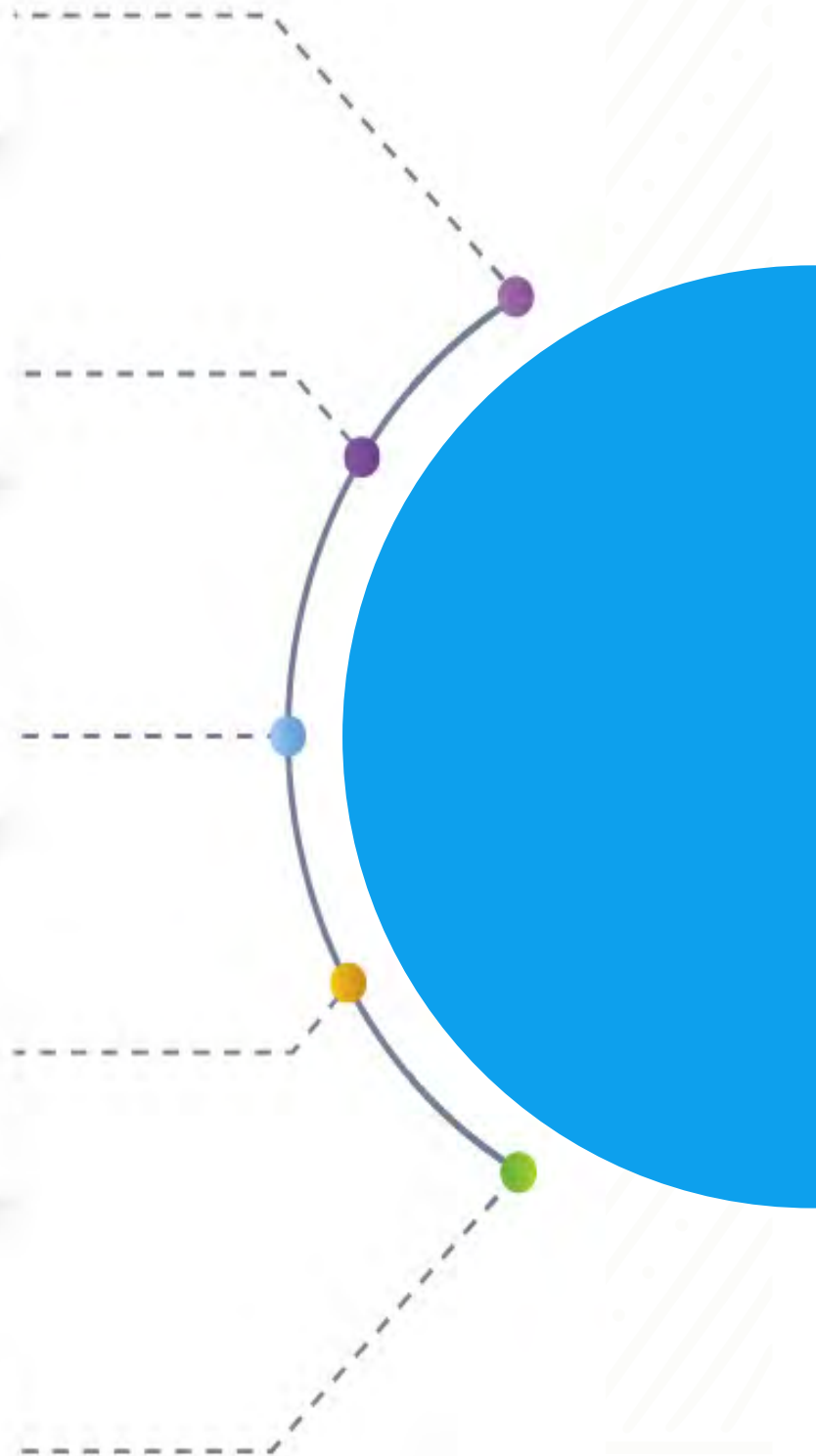
48,830 Beneficiaries reached through HDI's toll-free hotline

Over 16,500 Clients served at the Center for Health and Rights

11,753 Reached through in-person outreach campaigns

781 women received counseling and referral for safe abortion

Over 500 medical students sensitized on the right to health



SNAPSHOT



4,574 adolescents and young people reached with accurate SRHR information

Over 170 radio programs on SRHR issues

110 CSOs/CBOs empowered

Over 19,000 key populations reached with SRHR information and services

400 vulnerable individuals provided with nutrition, water, sanitation, and



BECOME A CENTER OF EXCELLENCE ON HEALTH AND RIGHTS

HDI's strives to provide comprehensive SRHR information and services to women, men, girls, boys and people of all gender identities, including vulnerable populations such as key populations, GBV victims, refugees, prisoners, and other marginalized groups. Direct service provision – through HDI's two clinics and toll-free hotline as part of the Center for Health and Rights – is critical to HDI's work to make rights-based, non-discriminatory SRH services available to those who need them most. It is also integral to our advocacy work as it allows us to demonstrate what stigma-free health care looks like and gather evidence for future advocacy

Services Provided through the Center for Health and Rights

One of the most important roles of the Center for Health and Rights is the provision of clinical services including STI/HIV screening, pregnancy testing, GBV and harm reduction counseling, and referral for legal and medical services. This year, HDI reached a total of 19,277 members of key populations through the Center for Health and Rights.

HDI's program for HIV/AIDS prevention, treatment, and counseling to men who have sex with men (MSM) is an example of stigma-free care to hard-to-reach beneficiaries. This year, HDI enrolled 1,605 MSM and met 7,640 MSM for follow up. Through outreach campaigns and health center follow-ups, HDI identified 3,032 female sex workers for HIV screening and recorded the provision of services to 1,313 key population members in 15 health centers that HDI supports, in Huye, Nyaruguru, and Nyanza. Peer educators also identified and brought back 104 key population members who had abandoned the program.

HDI has begun expanding its programs related to harm reduction. In 2021, HDI facilitated safe spaces for integrated drug addiction and HIV education, treatment, and counseling for over 7,000 members of the LGBTI community.



HDI also provides legal and medical support for women seeking safe abortion by giving them accurate information on the legal framework around safe abortion in Rwanda, engaging potential safe abortion providers, offering pre and post abortion counseling and negotiating with providers for referrals. This year, HDI supported a total of 781 vulnerable women and girl seeking safe abortion services.

Of those 781, HDI financially support 62 women and girls who could not afford to pay

the costs related to safe abortion services on their own. The number of women and girls seeking safe abortion has been steadily increasing since the release of the Ministerial Order on Abortion in 2019. The rise can be attributed in part to increased awareness on the legal framework around safe abortion and through HDI's countrywide community awareness campaign on the Ministerial Order on Abortion and other laws and policies related to sexual and reproductive rights.

The HDI Toll-Free Hotline (3530)

HDI's toll-free hotline (3530), established in 2016, has been one of the most effective ways to reach HDI's target beneficiaries. In 2021, HDI received 40,690 beneficiaries seeking SRHR information and services. Beneficiaries can ask questions related to contraception, safe abortion, gender-based violence (GBV), getting referrals for services relationships, and many other topics that our hotline nurse-counselors address.

93% of calls received through the hotline were young people under the age of 24 and 72.5% of calls were adolescents under the age of 19. This shows the critical importance of the hotline as a resource for adolescents and young people in particular to receive friendly, non-judgmental SRHR information and referral for friendly services. The hotline is also an avenue through which women seeking safe abortion may begin their inquiry and may make an appointment to talk with an HDI lawyer and/or nurse counselor.

The hotline plays an integral role in HDI's evidence-based advocacy. The data gathered through the hotline offers a unique look into the SRHR challenges faced by vulnerable communities.



Training of Medical Students

HDI believes that in order to have the greatest impact on the future of SRHR, sensitization on stigma-free, non-discriminatory healthcare must begin with the newest generation of healthcare providers.

This year, HDI trained 400 final year medical students on the importance of providing stigma-free safe abortion services to women and girls, the Ministerial Order on Abortion, post abortion care, and family planning. HDI is building the capacity of these future healthcare providers to become valuable resources for women and girls seeking safe abortion and their fellow physicians.

HDI has a close relationship with Medical Students for Choice (MSFC), an association which promotes sexual and reproductive health education among future healthcare providers.

This year, HDI strengthened the association of more than 100 medical students, to mobilize their peers in safe abortion discussions. Currently, these students are being invited in various spaces with other partners working on SRHR and safe abortion. MSFC has given birth to Medical Doctors for Choice, which represents a continuation of the commitment to improving access to reproductive health services.

Training of Healthcare Providers

For healthcare providers in service, HDI provides refresher trainings on SRHR, sensitization on SRHR laws and policies, values clarification training, and training on provision of stigma-free healthcare services. All of these trainings aim to create a network of healthcare providers who provide friendly services to all people, regardless of social, cultural, or economic background.

This year, HDI conducted trainings for family planning providers. The trainings targeted 66 key family planning providers from health centers in Huye and Bugesera and 67 providers from referral hospitals and private clinics. The training aimed to support healthcare providers in these districts with refresher sessions about the latest policy and guidelines updates around safe abortion, post abortion care, family planning and the ASHR manual. Healthcare providers were trained on the various methods

of family planning, and associated myths and misconceptions. HDI conducted supportive supervision and mapped 30 health centers in Huye and Bugesera to measure the integration of the fertility awareness method as one family planning method.

HDI conducted two trainings for 45 healthcare providers from 23 health centers across Kigali City on stigma-free service provision for key populations and challenges faced by female sex workers who seek safe abortion.

HDI in partnership with RSOG and RBC/MCCH conducted mentorship on safe abortion and post abortion care for trained health facilities and onsite orientation to raise awareness on the ministerial order on abortion. The mentorship reached 1,798 health care providers from 41 hospitals.





Technical Support to the Ministry of Health

Through HDI's years of experience in sexual and reproductive health and rights, it has become a leader in the overall SRH movement and an expert in the field. The expertise garnered since 2006 has led duty bearers and other stakeholders to look to HDI for technical guidance. The Ministry of Health in particular frequently reaches out to HDI for technical support.

In 2021, HDI engaged Family Planning, ASRH and RMNCAH technical workings groups to the Ministry of Health and other stakeholders to ensure a regular supply of SRHR commodities, such as emergency contraception, through public and private facilities without financially burdening clients. As a result of this intervention, the Rwanda Food and Drug Authority has initiated a consultation around the regulation of prices for drugs.

The Ministry of Health has also started supplying emergency contraceptives in all public primary health facilities.

HDI has been one of the key partners engaged in the FP2030 recommitment process.

Since March 2021, HDI has been conducting consultative meetings to engage CSOs and youth-led organizations in the FP2030 commitment process. In November, those proposed FP2030 commitments were validated and will be shared with the highest level stakeholders for input.



BECOME AN EMPOWERING VOICE FOR THE COMMUNITY

HDI works to support and empower communities to know, demand, and realize their rights. This includes empowering vulnerable communities with knowledge on their rights and reaching out to the community to raise awareness on SRHR information and policies. This objective also includes working with duty bearers, policy-makers, community leaders, and law enforcement to ensure they understand and have the capacity to fulfill their obligations with respect to SRHR. This objective also includes work to advocate at local, national and regional levels for non-discriminatory, rights-based SRH policies and the removal of legal and policy barriers to SRH care. To support this, we build civil society capacity and coalitions to advocate for inclusive, health-friendly policies and services for all.

EMPOWERING RIGHTS HOLDERS



The first aspect of ensuring the right to health for all is empowering rights holders with knowledge about their sexual and reproductive health rights. With knowledge comes the ability to claim ones' rights. This empowerment is done through training, dialogues, outreach campaigns, mentorship, radio and TV shows, celebration of international days, and more. HDI has a long track record of expertise. As such, HDI is frequently requested to lend an expert voice on matters related to SRHR. In 2021, HDI conducted a total of 171 radio shows addressing topics related to SRHR and community health and received invitations from 67 radio shows to be part of discussions around safe abortion, family planning, age of consent, and SRHR in general. These shows cover a variety of topics related to SRHR and reach hundreds of thousands of listeners each year, increasing awareness of sexual and reproductive health and rights, and especially contributing to the increased awareness of the Ministerial Order on Abortion.

171 radio shows

2021

67 invitations for radio shows

Adolescents and Young People

Adolescents and young people are our largest beneficiary group. This year, over 38,000 adolescents and young people (72.5% of whom are under the age of 18) called the HDI seeking information on SRHR. Young people often do not have space and feedback mechanisms to report issues they face related to their sexual and reproductive rights.

As Rwanda's adolescents and young people are becoming more and more digital, HDI has adapted its approaches to include social media campaigns, adolescent-targeted radio programs on the popular station KISS FM, and an adolescent-focused website, Kumbe.com, and the creation of a YouTube TV series called, Ingamba. In 2021, HDI TV was viewed by 182,597 people from Rwanda, of which 80% were under the age of 34.

In addition to these approaches, HDI has continued conducting outreach directly in schools. This year, HDI reached a total of 735 students; 337 female and 288 male from 19 schools across Kigali. During the school visits, HDI trained adolescents in SRHR information, laws and policies, gender, and GBV prevention among others.

Through the school visits this year, 46 adolescent champions were identified and trained on SRHR related topics, including a three-day training on gender-based violence and human rights. The trainings form part of HDI's ongoing effort to equip a network of adolescent champions to advocate for their rights.





Some of the adolescent champions who are empowered through HDI go on to do amazing things. In 2018, HDI supported 24 marginalized youth to attend the International Conference on Family Planning (ICFP), which was held in Rwanda. Today, these youth are champions of reproductive health education and linkage to services.

They have conceived innovative ideas on how to advance SRHR and family planning in Rwanda by breaking the silence/taboo. This year, 10 of those youth who attended ICFP have taken part in national inter-university debates on access to SRHR services and four have organized community outreaches which reached more than 1,800 students. In addition to in-school and out-of-school adolescents, HDI reached out to young people from 7 university campuses in Rwanda with information on SRHR and linkage to healthcare services. In total, 3,839 students were reached. HDI distributed 800 emergency contraceptives and 400 menstrual cups during the outreach.

In keeping with the goal of sustainability, 8 SRHR clubs were established within these campuses in order to continue the discussion on SRHR and ensure that there is a regular supply of SRHR commodities within the universities.



Key Populations and the LGBTI Community

HDI held trainings for peer educators on SRH legal framework, human rights under the Constitution, GBV, leadership skills and public speaking.

Key populations are groups most at risk of contracting HIV/AIDS. HDI subscribes to the United Nations definition of key populations, which includes members of the LGBTI community, female and male sex workers, and people who inject drugs. HDI strives to empower these vulnerable individuals on their rights and access to stigma-free service in order to contribute to the prevention of HIV/AIDS and to equip them to advocate for their rights.

This year, HDI empowered 180 peer educators among female sex workers through a 2-day training in three districts with the aim of strengthening their capacity on HIV and other sexual related diseases, as well as their rights, precisely the right to health and stigma-free services. Remarkably, this year, empowered peer educators from HDI's interventions traveled to Nairobi to represent their fellow sex workers at the International Conference on Population and Development.

During the conference, the Government of Rwanda committed to promote SRH for young women. These peer educators also participated in a regional workshop in Nairobi where they were able to share their experiences and the challenges they face in their work. Through HDI's initiatives this year, over 2,000 female sex workers have been empowered with sexual and reproductive health information and referral for services. The majority of these women were reached during HDI's outreach campaigns.

On International Day Against Homophobia, Biphobia, and Transphobia (IDAHOT) 2021, HDI in collaboration with 13 LGBTI CBOs, organized a cocktail in June.

Prior to the cocktail participants reflected on the progress in terms of protecting, respecting and fulfilling human rights of LGBT in Rwanda and existing challenges that hamper their full participation in the national development agenda.



Marginalized Groups

“I am happy that HDI helped us improve menstrual hygiene and sexual and reproductive health education. We appreciate the support because in most cases, when we have our monthly periods, our financial capacity is too low to afford sanitary pads.”

-Claudine, mother of four from Cyaruzinge

One of HDI’s areas of intervention is Community Health and Development. Through activities around nutrition, maternal and child health, and water, sanitation, and hygiene, HDI supports the Community of Potters in Cyaruzinge.

This year, HDI supported the Community of Potters with self-development through agriculture support to 400 marginalized and vulnerable individuals and supporting an Early Childhood Development center, which provides nutritious food to the children in Cyaruzinge. HDI also supported electricity installation for 51 of the most vulnerable and marginalized in the community. HDI also strengthened the ROSCA Cooperative by providing microloans and mentorship for 6 women-led businesses.

HDI, ahead of International Menstrual Hygiene Day, donated reusable sanitary pads in support to women and girls of the Cyaruzinge community of potters in Gasabo district. The campaign attracted more than 1,000 women and girls.

Outreach campaigns are another effective approach to empowering rights holders. This year, HDI conducted more than 50 community outreaches and campaigns, reaching a staggering 11,753 people across the country with information on SRHR and linkage to friendly service providers. Each year, HDI observes international days in a bid to raise awareness of rights holders and duty bearers. This year in July, HDI observed World Hepatitis Day to raise awareness around Hepatitis, as it can be spread through unprotected sex and unsafe drug use practices. In September, HDI observed World Contraception Day, in an aim to improve awareness of contraception among young people and enable them to make informed decision about their sexual and reproductive health and World Safe Abortion Day, which was celebrated at Ruhango Hospital for the first time. Prior to each event, HDI conducted a series of radio/TV and social media campaigns, reaching nearly 1.5 million people on each international day.

SENSITIZING DUTY BEARERS

In addition to empowering rights holders, HDI recognizes the importance of sensitizing duty bearers on their responsibilities for ensuring all people are treated with dignity and that human rights are being respected. HDI holds workshops and values clarification trainings with healthcare providers, law enforcement officers, journalists, religious leaders, teachers, parents and other groups who have a role in protecting the SRH rights of vulnerable individuals.



Healthcare Providers and Law Enforcement Officers



In 2021, HDI sensitized healthcare providers to reduce stigma and provide friendly services to LGBT and sex workers and further built the capacity of local security officers (DASSO) and police on human rights to reduce arbitrary arrests and violations perpetrated against sex workers and LGBT persons. Through these meetings, HDI reached over 480 duty bearers.

These sensitization meetings have improved collaboration among duty bearers in the fight against HIV/AIDS and increased understanding of local authorities on human rights issues of key populations thus reducing cases of violation including abuses, arbitrary arrest, and illegal detention. All trained health care providers and local leaders committed to provide friendly and stigma free services to key populations. HDI also conducted sensitization meetings with local authorities, law enforcement and health care providers to raise awareness on the legal provisions related to abortion in Rwanda. These meetings reached a total of 210 duty bearers.

In close collaboration with Nyarugenge District, HDI conducted an advocacy meeting with 40 law enforcement officers, including DASSO, Executive Secretaries and Social Economic Development Officers.

Engaging the Media

Journalists are key in changing social and cultural behaviors around SRHR acceptability and accessibility due to their influence and visibility.

HDI encourages journalists not to shy away from topics related to SRHR. Each year, HDI builds the capacity of journalists on how to accurately report on SRH and GBV, without stigma, without bias, and without using language that is insensitive.

This year, HDI trained 11 journalists and media professionals on gender-sensitive reporting. This has strengthened the partnership between HDI and media houses. Following the training,

5 of the journalists began working with HDI as allies, reporting on HDI interventions.

In December 2021, HDI held the sixth annual Reproductive Health Journalism Awards. This awards ceremony recognizes outstanding journalists, who openly report on issues related to gender, reproductive health, gender-based violence, and other sensitive topics.

The awards also serve as motivation for journalists to continue openly reporting on these issues. This year, HDI received 148 entries from 99 journalists representing 35 media houses in 2021. 75% of the journalists who participated this year are men.

“Change doesn’t happen overnight, but speaking up will bring about transformation. If we all choose to speak up and challenge harmful social norms and stereotypes, we may inspire people to find courage to speak up for themselves.” (Honnête Isimbi, gender advocate)





Engaging religious leaders

This year, HDI implemented Masculinity-Family and Faith/Transforming Masculinity (MFF/TM) to engage churches on gender equality, positive masculinity, and family planning. The program trained 8 faith leaders and 16 gender champions from Siloam Family Holy Church, African Brotherhood Church, Eglise de Dieu en Afrique au Rwanda and Miracle Pool Church-Ikarabiro.

After the training of faith leaders and gender champions, 16 couples per church were selected from three churches to attend the 8 weeks of community dialogues on MFF/TM topics including: Introduction to SGBV and root causes; gender roles and norms in daily life; power, status and SGBV; faith and SGBV; looking ahead/envisaging a community free of SGBV; child spacing and healthy relationships; and men involvement in positive parenting.

As a testament to the impact the program had on participants, 2 of the trained faith leaders spoke on the radio about the biblical interpretation of gender equality between partners, the roles of fathers in positive parenting and the role of the church in GBV prevention.

A total of 96 participants attended the sessions led by gender champions. All 48 women who attended committed to break the silence on the sexual gender-based violence after learning the root causes, consequences, and forms of SGBV.

Men who attended committed to change the harmful behaviors and practices of gender norms and instead initiate positive masculinity. Following the success of the program, HDI has shared this approach with other organizations.

In a separate values clarification training for religious leaders, HDI engaged 30 religious leaders using case scenarios that we have developed to encourage discussion on gender-based violence, family planning, unintended pregnancies and its effect, and the ministerial order on abortion. The religious leaders came from different faith-based organizations in Nyanza, Kamonyi, Bugesera and Kicukiro District.

HDI also organized consultative seminars, which brought together 100 participants from various CSOs, activists, community leaders, gender champions and religious leaders to discuss issues surrounding the fight for gender equality.

The themes of the seminars were “Changing the mindsets that affect gender equality in Rwanda” and “community awareness campaign targeting service providers in the formal and informal sector on GBV prevention.”

Among the topics discussed, participants examined the implementation of laws and policies that promote gender equality, how to fight gender-based violence and the role of men at the gender promotion table. They also looked at how they can create a space for service providers in the formal and informal sectors on GBV prevention to raise awareness on existing gender and GBV policies and laws.

“The training on gender equality has changed the way we teach new couples in the church. We have introduced teachings of the natural method of family planning and have begun using the instruction provided by HDI to teach the types of GBV. There was a change in attitudes and we are using the scriptures to continue to reinforce these teachings as we go along.”

Pastor Macumi Jean Baptiste



Equipping Teachers to Implement CSE



Comprehensive Sexuality Education (CSE) has been embedded in the Rwandan curriculum since 2016. However, teachers of those subjects are often ill-equipped and carry bias about adolescent’s access to SRHR information. Since the beginning of the SHARE (Sexual Health and Reproductive Education) program in 2008, HDI has targeted trainings towards teachers of CSE in effort to sensitize them on SRHR topics for the adolescents they teach.

In 2021, HDI trained 46 subject teachers from 23 schools on CSE and gender responsive pedagogy. HDI also trained 46 adolescent champions across 23 secondary schools on SRH legal framework, rights of the child, GBV identification, communication, and public speaking confidence as well as leadership skills.





Building the SRH Civil Society Movement

Although HDI has been leading this movement, working in isolation has never been its model. HDI strives to build the SRH civil society movement through renewed and evidence-based advocacy driven by coalitions of like minded actors.

Concerted effort is also needed to advocate for the removal of lasting legal and policy barriers to SRHR. In order to ensure CSOs are equipped to join the larger SRH advocacy movement, HDI builds their capacity in policy influencing, rights-based programming, evidence-based advocacy, strategic communication, fund raising and other critical skills.

HDI is the chair of a consortium of more than 30 CSOs working in human rights, sexual and reproductive health, and related sectors. This year, HDI held 4 consultative meetings aimed at strengthening the capacity of the consortium to advocate for friendly SRH services.

These meetings led to the creation of a virtual platform on SRHR where like-minded CSOs have the opportunity to discuss emerging advocacy issues on SRH and plan joint action interventions.

HDI established a policy influencing and evidence-based advocacy training program in 2019, known as the Policy and Advocacy Institute. This year, through the Policy and Advocacy Institute, 60 CSO representatives, including 15 executive directors, completed a 9-day capacity building course, which equipped CSOs with hands-on skills to participate and contribute to policies and laws through effective evidence-based advocacy.

In August this year, 40 CSO communication officers were invited to attend a training on how to effectively communicate their advocacy messages and use visibility to advance advocacy on SRHR.

Among the topics covered in this training were principles of written and spoken communication, visual identity and branding, stages of developing key messages for social media and communication materials, and how to disseminate them. Participants also learned about social media management tools for communication and advocacy and received training on human rights-based reporting when communicating on safe abortion and other SRHR issues.

At the end of the year, HDI held a 2-day community and national dialogue with participants from women-led and youth-led organizations, including faith-based organizations. HDI and MIGEPROF (Ministry of Family and Gender Promotion) encouraged participants to join and actively participate in technical working groups for gender equality, women's empowerment, child protection,

and family promotion. The dialogue reached 23 organizations. As part of the effort to build emerging community-based organizations' (CBOs') capacity to register and join the larger SRH movement, HDI built the capacity of 20 LGBTI and sex worker-led community-based organizations on human rights, laws and policy, discrimination, human rights monitoring, policy review processes, advocacy, public speaking, constituency engagement and consultations. The organizations were also supported to conduct self-help group meetings with their members.

Through HDI's support, 12 CBOs have applied individually or collectively to calls for proposals and have had their proposals funded. In addition to the support, HDI held sensitization meetings for government officials and CSO representatives to meaningfully engage with LGBTI and sex worker CBOs in Rwanda.

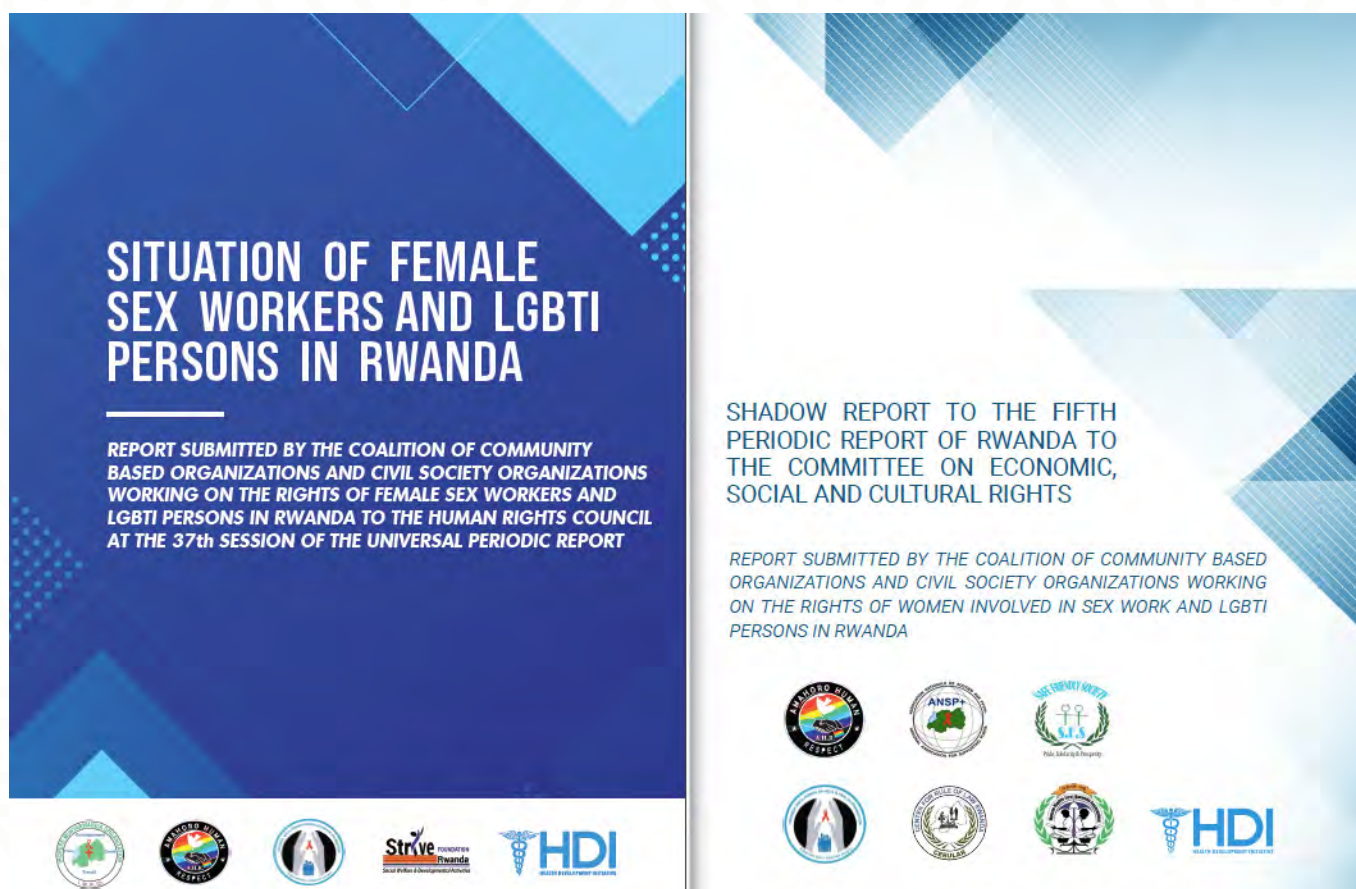


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“As CSOs, we are happy to be trained by HDI because now we have more knowledge and skills to be good advocates. I learned that as CSOs we need to understand advocacy well, because we work with governments on behalf of the local community. Knowing the issues and who we advocate for is key. From this training, I understand that one of the objectives of advocacy is to facilitate change and the development of new policy areas.”

Advocating for Change

HDI has been advocating for the removal of barriers to access SRHR services since its establishment in 2006. In 2021, HDI supported 20 LGBTI and sex worker CBOs to draft shadow reports on the situation of LGBTI and sex worker human rights in Rwanda. The shadow reports have been submitted to the committee on the CESCR, human rights council and as part of the universal periodic review. HDI also supported these LGBTI and SW CBOs to convene dialogues with government representatives on the review of the National Strategic Plan.



Following the release of the UPR recommendations, HDI held a workshop with other CSOs and key government ministries to disseminate Human Rights Council, Universal Periodic Review (UPR), Convention on the Right of the Child (CRC) and African Committee of Experts of the Rights and Welfare of the Child (AERWC) recommendations on discrimination and adolescents' access to SRH services. Following dissemination of the recommendations the Ministry of Justice invited HDI and other partners to participate in the development of a roadmap for the implementation of Rwanda's UPR recommendations 4th cycle. This will aid in HDI efforts to monitor the implementation of the accepted recommendations and to continue to advocate for issues raised in the recommendations that were not accepted.

In July, HDI brought together government institutions, international agencies, and stakeholders to celebrate the 18th anniversary of the signing of the Maputo Protocol.

The celebration was an opportunity to reiterate the value of bringing civil society organizations and the government together to appreciate achievement done towards the realization of women's rights in Rwanda, but also review the gaps and chart the best way forward. Rwanda remains vigilant in the pursuit of its effective implementation, and only then will the status of African women significantly improve

In terms of advocacy for the removal of barriers to safe abortion, in 2021, HDI in collaboration with partner CSOs submitted a letter to the Ministry of Health highlighting the challenges faced by women in accessing safe abortion.

HDI also held a workshop on the removal of barriers to access to safe abortion for women using Mutuelle de Santé, as currently the process

is not harmonized between the Ministerial Order and RSSB framework.

HDI produced an advocacy video illustrating the key issues around access to safe abortion including pricing of safe abortion services, some healthcare providers overcharging for the service, conscientious objection by healthcare providers, and health facilities requesting referral sheets in order to comply with the law governing community Based Health Insurance (CBHI), even though this is not a requirement according to the Ministerial Order on Abortion. In the video, HDI highlighted the need to address these policy gaps that still bottleneck access to safe abortion.

The meeting was attended by 53 participants including representatives of mainstream SRHR civil society organizations. In addition to convening the meeting, HDI provided the technical support to the EALA on the development of the EAC SRHR bill.

In November 2021 HDI convened a national consultative meeting to build consensus and support for the EAC sexual reproductive health rights bill. The meeting was part of a series of consultations spearheaded by the General-Purpose Committee of the East African Legislative Assembly (EALA) in collaboration with different key stakeholders.

Strategic Litigation as a Tool for Advocacy

As HDI has grown its expertise and reputation, HDI has realized the importance of strategic litigation in advocacy. Appearing to offer expertise in cases related to SRHR not only increases HDI's visibility as an organization, but also helps to amplify the issues raised in the cases to public attention. HDI's profile in terms of litigation has significantly increased since 2020, with additional lawyers, training for staff, and the development of documents to guide strategic litigation.

This year, HDI contributed to the success of two public litigation cases: one case related to infanticide in the Supreme Court, where a lawyer had requested the court to decriminalize infanticide when the woman is suffering from postpartum depression and the other case related to surrogacy where a couple requested the court to authorize their request for surrogacy. In both cases, HDI appeared as *amicus curiae* (friend of the court) to offer expert guidance and to highlight the importance of each case.



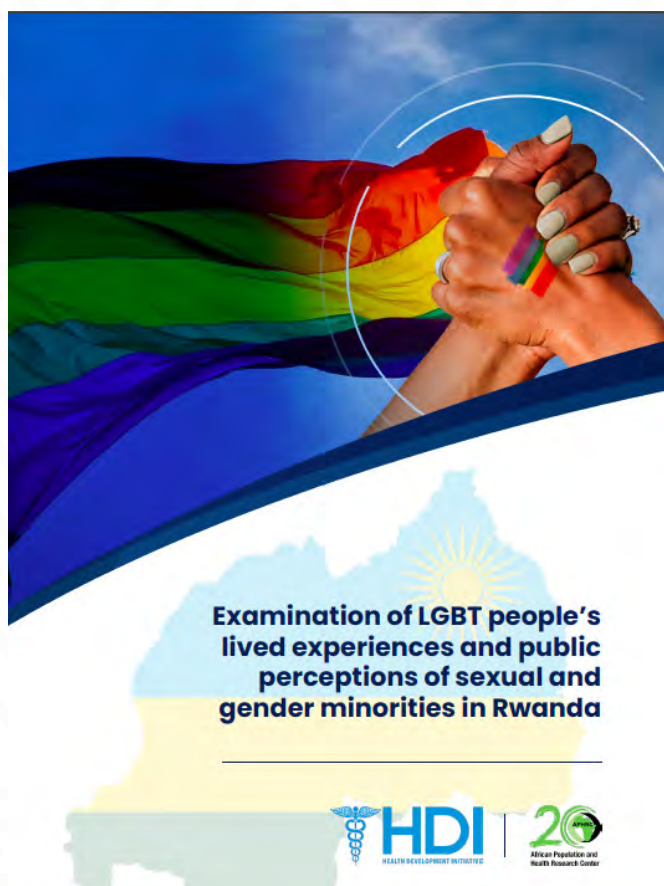
HDI has petitioned as *amicus curiae* in a case that has been filed by our partner organization this year, GLIHD, related to the need for task shifting from professional medical doctors to the mid-level health providers to provide safe abortion in Rwanda.

Research to Collect Evidence for Advocacy

Advocacy cannot be started without evidence. HDI prides itself on its ability to collect evidence for advocacy initiatives. In 2021, HDI conducted several researches. Additionally, HDI also produced advocacy reports on LGBTI and sex worker rights and adolescents' access to SRH services; these have been shared with other stakeholders in different platforms that HDI held during the implementation period.

HDI, working closely with the Ministry of Health and Global Health Corps (GHC), is conducting a study of gaps in the laws and policies related to health, this study will be validated this year 2022 and will be used for future advocacy initiatives.

Other research currently under review include Adolescent Sexual Reproductive Health Services and Rights landscape assessment in Refugee camps in Rwanda to identify barriers hindering adolescents to utilization of existing services and draw recommendations for improvement and Evidence for Action on Teenage Pregnancy; the determinants of teenage pregnancy, knowledge of child rights and experiences of discrimination faced by teenage mothers in Rwanda, which will provide a better understanding of the factors increasing the risk of teenage pregnancy, examine the awareness of contraceptive methods among teen mothers, and explore the extent of discrimination and stigmatization faced by teenage mothers.



PURSUE INSTITUTIONAL GROWTH

This year, HDI made a step towards decentralizing decision-making by restructuring the organization. HDI has increased the capacity of the middle managers by inspiring the team to lead the process of change and development. This has been done to balance the pressure of monthly deliverables and reduce conflicting priorities in implementation of activities and other organizational interventions.

This year, HDI developed policies and strategies to guide its operations including the development of a partnership policy to guide HDI while selecting strategic partners; a human rights policy to emphasize non-discrimination and inclusion; a litigation strategy, which defines HDI's strategic objectives and scope of intervention in terms of litigation as a tool for advocacy all HDI staff members were trained on policies including, partnership policy, human rights policy, anti-sexual harassment policy, whistle blower policy and anti-corruption policy.



HDI will ensure that all new staff members are trained on existing policies during their orientation process. HDI reviewed and updated our current communication strategy, updated the HDI website to include comprehensive interventions, strengthen and broaden social media outreach through YouTube, Twitter and Facebook, as well as design and print promotional materials. HDI updated the staff code of conduct, financial procedures manual and Procurement policies assists the program and finance staff to understand financial management, and how finance systems and procedures fit together.

HDI is continuously investing in its staff to ensure that they are up to date on the latest approaches, thematic areas, and best practices. This year, HDI has been working to ensure gender equality and gender mainstreaming are embedded in all HDI activities. HDI staff members have been attending trainings related to gender-based violence related laws, identified gaps in National Gender Policy, and the linkage between social norms, power dynamics, and GBV.

.....

HDI expanded its legal team with an additional three female lawyers to support litigation activities and increase HDI's ability to respond to the needs of women seeking SRH related legal counseling services.

Additionally, HDI staff members have benefited from an in-depth training on gender equality and gender-based violence. This has increased staff knowledge to respond to the needs of vulnerable women and girls who are victims of GBV. HDI trained 5 staff members on Masculinity Faith and Family (MFF) and Transforming Masculinity (TM).

HDI staff members who work in the Center for Health and Rights were trained on how to provide stigma-free safe abortion and SRH services. The training included sessions of values clarification on abortion; patients' rights and the responsibilities of the health providers; sexual reproductive health rights in the law on human reproductive health and components of the right to health guaranteed in the Constitution of Rwanda. HDI empowered staff on strategic communication by training them on best practices to communicate information about contentious issues in our country context,

such as abortion and adolescents' access to contraceptives and SRHR to reduce risks and public backlash.

In 2021, key HDI staff working on reproductive health participated in training on Stigmatizing Attitudes, Beliefs and Actions Scale (SABAS), a tool designed by IPAS and adapted by IPPF to measure abortion stigma at the individual and community level. The training aimed at increasing the staff knowledge on negative stereotype, exclusion and stigma associated with seeking and access to safe abortion.

The HDI litigation team has also become more enlightened on ways to strategize litigation including: case sourcing, issue identification, gathering evidence from the community, and monitoring/tracking the process and progress of litigation as the process can take a long time.



After successful learning visits to organizations in the region, including CEHURD, KELIN, and HRAPF, HDI realized that we need to improve our documentation and communication. HDI has accomplished a lot in the realm of sexual and reproductive health and rights; however, our work has not been well documented. Increasing HDI's reach through publication of work on our interventions will increase our visibility. HDI staff who participated in the learning visits were also inspired by the organizations' branding.

Additionally, two HDI staff members have completed a diploma in Legal Practice; two other seniors have completed a master's program in Sexual Reproductive Rights in Africa from the University of Pretoria, and they have also encouraged other staff members to further their careers. This has facilitated three (3) other staff members to pursue their masters; one is doing masters in same program of Sexual Reproductive Rights in Africa and two are currently undertaking their masters from the University of Global Health Equity. Others have completed professional courses related to gender equality, management of safe abortion and family planning.



PARTNERSHIP

This year, HDI staff conducted learning visits to Kenya and Uganda, with the aim of knowledge sharing. HDI forged new strategic partnerships with organizations – including KELIN, CEHURD and HRAPF – working on SRHR in the East Africa Region. These relationships have enriched the knowledge of the HDI team, allowing them to learn best practices from similar organizations. The partnership with CEHURD in particular has yielded talked of a joint project related to the promotion of the right to health, social justice, and social accountability in health.

In addition to regional partnership, HDI has strengthened its professional relationship with the Supreme Courts and other intermediary courts in Rwanda. This has added credibility to our profile as an expert in sexual and reproductive health in Rwanda. HDI would like to appreciate all donors and partners for their important contribution to the realization of unrestricted SRHR information and services for all.

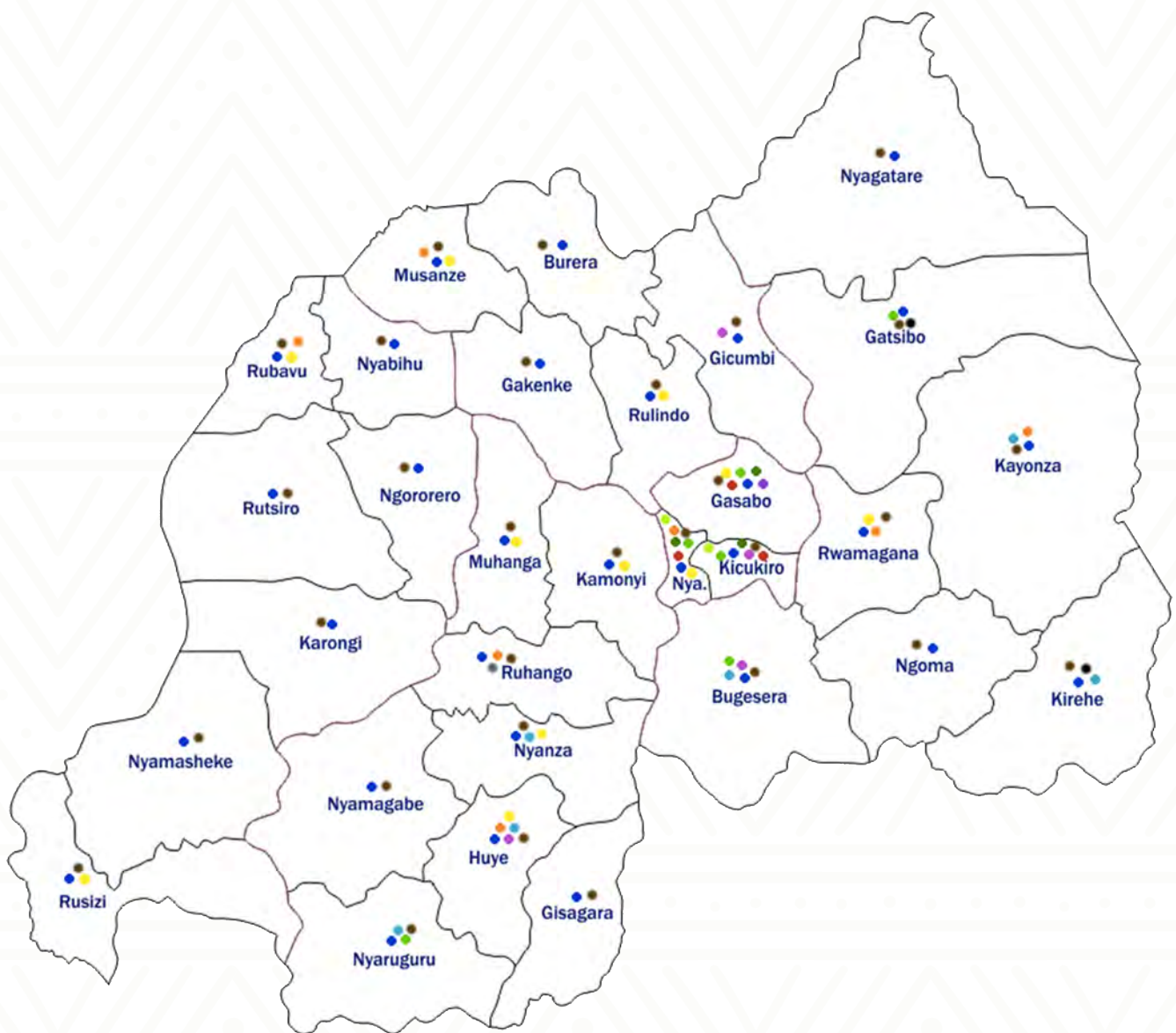
DONORS

1. AmplifyChange
2. Center for Disease Control
3. Delegation of the European Union to Rwanda
4. FOSI/OSIEA
5. GIZ
6. Imbuto Foundation
7. Norwegian People's Aid
8. Plan International Rwanda
9. Promundo
10. Pygmy Survival Alliance
11. Project San Francisco/Emory University
12. Safe Abortion Action Fund/IPPF
13. Society for Family Health
14. Stephen Lewis Foundation
15. Tearfund
16. The David and Lucile Packard Foundation
17. The Embassy of the Kingdom of Netherlands
18. The Global Fund
19. Wellspring Philanthropic Fund
20. Ippf-Asociación Profamilia
21. Institute For Reproductive Health
22. Jhpiego/MCGL

PARTNERS

1. Black Women's Health Imperative
2. Catholics For Choice
3. DFID
4. Femnet
5. Great Lakes Initiative for Health and Development
6. Global Health Corps
7. Ihorere Munyarwanda
8. Ministry of Gender and Family Promotion
9. Ministry of Health
10. Ministry of Justice
11. Ministry of Local Government
12. Pyxera
13. RBP Partners
14. Rwanda NGO Forum on HIV Prevention
15. Rwanda Society of Gynecologists and Obstetricians
16. Rwanda Bio-Medical Center
17. Rwanda Education Board
18. Rwanda Governance Board
19. Rwanda Mens Resource Center
20. Sisterlove Inc.
21. Stop TB Partnership
22. The Center for Reproductive Rights
23. The Embassy of Germany
24. The Embassy of Sweden
25. The New Times
26. Uhai-Eashri
27. UNAIDS
28. UNFPA
29. UNICEF
30. World Health Organization
31. Women's Link Worldwide

DISTRICTS OF ACTIVITY IMPLEMENTATION



- Raising community awareness on access to safe abortion
- Implementing evidence-based HIV prevention services for key populations
- Strengthening knowledge on family planning methods
- Strengthening adolescent access to SRHR information
- Public policy information monitoring and advocacy
- Promoting gender justice and preventing GBV
- Reduction of HIV/AIDS new infections, mortality, and morbidity
- Community of potters health and development
- Community values clarification training
- Strengthening civil society organizations' effective participation in policy processes
- Empower, Include, Respect: making human rights work for LGBTI and sex worker communities in Rwanda
- Hotline reach for SRHR information and service referral
- Community reach with stigma-free SRHR services and information (Kicukiro and Nyakabanda centers)

HEALTH DEVELOPMENT INITIATIVE
REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2021

**Health Development Initiative
Report and financial statements
For the year ended 31 December 2021**

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**Health Development Initiative
Report and financial statements
For the year ended 31 December 2021**

Acronyms

APC:	Amplify Change
CBHI:	Community Based Health Insurance
COPHAD:	Community of Potters Health and Development Program
EKN:	The Embassy of the Kingdom of the Netherlands
GIZ:	Deutsche Gesellschaft für Internationale Zusammenarbeit
GLIHD:	Great Lakes Initiative for Human Rights and Development
GRET:	Groupe de Recherches et d'Echanges Technologiques
HDI:	Health Development Initiative
IMRO:	Ihorere Munyarwanda Organization
IPPF:	International Planned Parenthood Federation
NPA:	Norwegian's peoples aids
PAYE:	Pay As You Earn
RBF:	Results based financing
RNGOF:	Rwanda NGOs Forum on HIV/AIDS and Health Promotion
RSOG:	Rwanda Society Of Obstetrics And Gynaecologists
RSSB:	Rwanda Social Security Board
SAAF:	Safe Abortion Action Fund
UNAIDS:	United Nations Programme on HIV/AIDS
UNICEF:	United Nations International Children's Emergency Fund
UHAI EASHRI:	Eat African Sexual Health and Rights Initiative

**Health Development Initiative
Report and Financial statements
For the year ended 31 December 2021**

DIRECTORS, OFFICERS AND ADMINISTRATION

DIRECTORS

Dr Joseph Nkurunziza	Chairperson (Appointed 31/01/2013)
Dr Dan Lutasingwa	Member (Appointed 31/01/2013)
Dr Jennifer Mbabazi	Member (Appointed 31/01/2013)
Dr Jean Marie Vianney Rukanikigitero	Member (Appointed 31/01/2013)
Dr Michael Kalisa	Member (Appointed 31/01/2013)
Me. Christian Garuka	Member (Appointed 03/12/2017)
Ange Victoire Muhimpundu	Member (Appointed 19/08/2018)
Nadege Munyaburanga Uwase	Member (Appointed 19/08/2018)
Josiane Manishimwe	Member (Appointed 03/03/2019)
Dr Aflodis Kagaba	Executive Director

REGISTERED OFFICE & PRINCIPAL PLACE OF BUSINESS

Health Development Initiative
KK 649, Kicukiro - District
Kigali, Rwanda.

AUDITOR

KPMG Rwanda Limited
5th Floor, Grand Pension Plaza
Boulevard de la Révolution
Kigali-Rwanda
P. O. Box 6755
Kigali -Rwanda

BANKER

Bank of Kigali
KCB Bank Rwanda Ltd
Guaranty Trust Bank (Rwanda) Ltd
I&M Bank Rwanda Ltd

LAWYER

Me Christian Garuka
B.P 120 Kigali
Email; chrisgaruka@gmail.com

**Health Development Initiative
Report of the directors
For the year ended 31 December 2021**

The directors have pleasure in presenting their report together with the audited financial statements for the year ended 31 December 2021.

1. Registration

Health Development Initiative (HDI) is registered as a Non-Profit Organisation legally operating in Rwanda granted legal personality No. 77/11 of 11 May 2009.

2. Principal activities

To empower individuals, communities and institutions to improve community health and development in Rwanda. Using a Rights-based approach, HDI builds sustainable alliances to advocate for and support health-friendly policies and services for every Rwandan regardless of social, cultural or economic status.

3. Going concern

The directors have performed going concern assessment of the entity and have reasonable expectation that the entity will be able to meet its obligations as and when they fall due and will have adequate reserves to conduct operations into the foreseeable future. The financial statements are prepared on the basis of accounting policies applicable to a going concern. This basis presumes that the organisation will continue to receive funding support from donors.

4. Operating results

The results for the year are shown in page 9.

5. Directors

The directors who served during the year are set out on page 3.

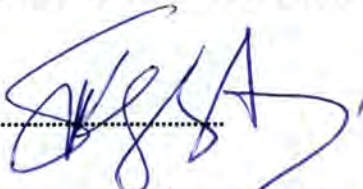
6. Auditor

The auditor, KPMG, has expressed willingness to continue in office and is eligible for re-appointment.

7. Approval of Financial Statements

The financial statements were approved and authorised for issue on... October 28 ...2022

By order of the Board of directors



Date: October 28, 2022

**Health Development Initiative
Statement of directors responsibilities
For the year ended 31 December 2021**

The Directors are responsible for the preparation of financial statements of Health Development Initiative, as set out on pages 9 to 19, comprising the statement of financial position as at 31 December 2021, and the statements of income and expenditure, changes in accumulated funds and cash flows for the year then ended, and notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes, in accordance with Health Development Initiative Accounting policies, as disclosed in note 2 of these financial statements.

Directors are also responsible for such internal control as the directors determine necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and for maintaining adequate accounting records and an effective system of risk management.

Directors have made an assessment of the ability of the Organisation to continue as a going concern and, and having taken into account all information at hand, have no reason to believe that the organisation will not be a going concern for at least the next twelve months from the date of this statement.

In addition, directors are responsible for ensuring compliance with grant agreements between donors and the Health Development Initiative with respect to use of funds provided to Health Development Initiative.

The auditor is responsible for reporting on whether the financial statements are prepared, in all material respects, in accordance with HDI's accounting policies as prescribed in note 2.

Approval of the financial statements

The financial statements of Health Development Initiative, as set out in pages 9 to 19, were approved and authorised for issue by the directors on 28/10/2022 and signed on its behalf by:


.....
**Chairperson of the Board
Health Development Initiative**


.....
**Executive Director
Health Development Initiative**

Date: 28/10/2022



KPMG Rwanda Limited
Certified Public Accountants
5th Floor, Grand Pension Plaza
Boulevard de la Révolution
PO Box 6755
Kigali, Rwanda

Telephone +250 788 175 700/ +250 252 579 790
Email: info.rw@kpmg.com
Internet: www.kpmg.com/eastafrica

Independent auditor's report

To the members of Health Development Initiative

Opinion

We have audited the financial statements of Health Development Initiative ("the Organisation"), as set out on pages 9 to 19, which comprise the statement of financial position as at 31 December 2021, and the statements of income and expenditure, changes in accumulated funds and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information.

In our opinion, the accompanying financial statements are prepared in all material respects, in accordance with Health Development Initiative accounting policies described in note 2 of these financial statements.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of Health Development Initiative in accordance with *International Ethics Standards Board for Accountants Code of Ethics for Professional Accountants (IESBA Code)*, and we have fulfilled our other ethical responsibilities in accordance with the IESBA code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter - Basis of Accounting and Restriction on Use and Distribution

We draw attention to 2 to the financial statement, which describes the basis of accounting. The financial statements are prepared to assist the Organisation's directors to comply with the internal financial reporting requirements. As a result, the financial statements may not be suitable for another purpose. Our report is intended solely for Health Development Initiative and should not be used by or distributed to parties other than Health Development Initiative. Our opinion is not modified in respect of this matter.

Other information

The directors are responsible for the other information. The other information comprises the directors, officer and administration, the report of the directors and the statement of directors' responsibilities, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.



Independent auditor's report

To the members of Health Development Initiative (continued)

Responsibilities of the directors for the financial statements

The directors are responsible for the preparation of the financial statements in accordance with Health Development Initiative and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Organisation's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Organisation or to cease operations, or has no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organisation's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organisation's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organisation to cease to continue as a going concern.



Independent auditor's report

To the members of Health Development Initiative (continued)

Auditor's responsibilities for the audit of the financial statements (continued)

We communicate with the directors, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement partner responsible for the audit resulting in this independent auditor's report is CPA Wilson Kaindi- [PC/CPA/0642/0123].

KPMG Rwanda Limited
Certified Public Accountants
Grand pension Plaza
Boulevard de la Révolution
P O Box 6755
Kigali – Rwanda



Date: 31 October 2022

**Health Development Initiative
Statement of Income and Expenditure
For the period ended 31 December 2021**

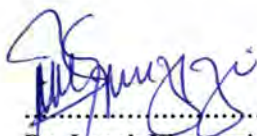
	Notes	2021 Frw	2020 Frw
Income			
Grants income	3	2,650,269,588	2,065,853,927
Project direct costs	4	<u>(1,804,053,171)</u>	<u>(1,595,093,808)</u>
Surplus after direct project costs		<u>846,216,417</u>	<u>470,760,119</u>
Indirect costs			
Indirect staff costs	5	(215,835,330)	(192,021,976)
Administration costs	6	(168,486,949)	(142,865,042)
Establishment cost	7	<u>(19,800,000)</u>	<u>(19,800,000)</u>
Total indirect costs		<u>(404,122,279)</u>	<u>(354,687,018)</u>
Surplus for the year		<u>442,094,138</u>	<u>116,073,101</u>

The notes set out on pages 13-19 form an integral part of these financial statements.

**Health Development Initiative
Statement of Financial Position
As At 31 December 2021**

	Notes	2021 Frw	2020 Frw
CURRENT ASSETS			
Other receivable	8	52,250,124	25,500,580
Cash and Bank balances	9	<u>1,814,876,522</u>	<u>1,404,563,936</u>
TOTAL ASSETS		<u>1,867,126,646</u>	<u>1,430,064,516</u>
EQUITY AND LIABILITIES			
Accumulated funds	Page 11	<u>1,819,704,012</u>	<u>1,377,609,874</u>
		<u>1,819,704,012</u>	<u>1,377,609,874</u>
CURRENT LIABILITIES			
Other payables	10	16,935,441	16,855,785
Project payables	11	<u>30,487,193</u>	<u>35,598,857</u>
		<u>47,422,634</u>	<u>52,454,642</u>
TOTAL EQUITY AND LIABILITIES		<u>1,867,126,646</u>	<u>1,430,064,516</u>

The financial statements of **Health Development Initiative**, as set out on pages 13 to 19, were approved and authorised for issue by the Board of Directors on 28/12/21 and were signed on its behalf:



.....
Dr. Joseph Nkurunziza Ryarasa
Chairperson of the Board



.....
Dr. Aflohis Kagaba
Executive Director

The notes set out on pages 13-19 form an integral part of these financial statements.

Health Development Initiative
Statement of changes in accumulated funds
For the year ended 31 December 2021

	2021	2020
	Frw	Frw
Balance as at 1 January	1,377,609,874	1,261,536,773
Surplus for the year	<u>442,094,138</u>	<u>116,073,101</u>
Balance as at 31 December	<u>1,819,704,012</u>	<u>1,377,609,874</u>

The notes set out on pages 13-19 form an integral part of these financial statements.

Health Development Initiative
Statement of cash flows
For the year ended 31 December 2021

	Note	2021 Frw	2020 Frw
Cash flow from operating activities			
Surplus for the year		442,094,137	116,073,101
<i>Adjustments for non-cash income and expenses:</i>			
Operating surplus before working capital changes		<u>442,094,137</u>	<u>116,073,101</u>
Changes in working capital			
(Decrease)/increase in other receivables	8	(26,749,543)	30,081,048
Increase in other payables	10	79,656	5,150,028
(Decrease)/increase in project payables	11	<u>(5,111,664)</u>	<u>8,204,065</u>
Net cash from operating activities		<u>410,312,586</u>	<u>159,508,242</u>
Cash flows from investing activities			
Net cash flows to investing activities		-	-
Cash flows from financing activities			
Net cash flows from financing activities		-	-
Net increase in cash and cash equivalents		410,312,586	159,508,242
Cash and cash equivalents at 1 January		<u>1,404,563,936</u>	<u>1,245,055,694</u>
Cash and cash equivalents at 31 December		<u>1,814,876,522</u>	<u>1,404,563,936</u>

The notes set out on pages 13-19 form an integral part of these financial statements.

